POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345531 _{Y1}	B. Wing	Y2	7/30/2019	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
NC STATE VETERANS HOME - SALISBURY		1601 BRENNER AVE, BUILDNG #10		
		SALISBURY, NC 28145		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITE	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0561 483.10(f)(1)-(3)(8	Correction Completed 07/19/2019	ID Prefix Reg. # LSC	F0656 483.21(b)(1)	Correction Completed 07/19/2019	ID Prefix Reg. # LSC	F0658 483.21(b)(3)(i)	Correction Completed 07/19/2019
ID Prefix Reg. # LSC	F0773 483.50(a)(2)(i)(ii)	Correction Completed 07/19/2019	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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REVIEWED BY STATE AGENCY REVIEWED BY (INITIALS) REVIEWED BY CMS RO REVIEWED BY (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 6/27/2019			SIGNATURE OF TITLE CK FOR ANY UNCORREC DRRECTED DEFICIENCII	CTED DEFICIENCIES			res 🔲 no	